

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150166		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/20/2013	
NAME OF PROVIDER OR SUPPLIER PINNACLE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 9301 CONNECTICUT DR CROWN POINT, IN 46307			
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S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 006619</p> <p>Survey Date: 08/19/2013 & 8/20/2013</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Medical Surveyor</p> <p>QA: cloughlin 09/13/13</p>			S000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S000312	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(D)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(D) Annual performance evaluations, based on a job description, for each employee providing direct patient care or support services, including contract and agency personnel, who are not subject to a clinical privileging process.</p> <p>Based on review of policies and procedures, employee records, and staff interview, the governing board failed to ensure policies and programs for annual performance evaluations were followed for 1 of 2 contracted registered dietitians reviewed.</p> <p>Findings include:</p> <p>1. On 8-20-13 between 2:30 PM and 3:00 PM, review of policies and procedures revealed a policy / procedure titled: "Performance Appraisals," policy number "HR-300," last reviewed on "May 2013," which read: "The performance of each staff member shall be evaluated on specific job duties and core duties." and "Annual Performance</p>		S000312	<p>Pinnacle Hospital has established a job description for the registered dietician who are also contracted staff. In addition, each contracted dietician received a performance review on September 17, 2013. Performance appraisals will be conducted on a yearly basis by the Manager of Food Services. see attachment: Dietary job description Dietary appraisal form</p>		09/26/2013	

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	<p>Appraisal is to be completed at or around the conclusion of the one (1) year period in the position."</p> <p>2. On 8-20-13 between 12:45 PM and 1:30 PM, review of employee records indicated Staff Member #L7, hire date 7-7-10, did not have annual performance evaluations from date of hire to date of survey.</p> <p>3. In interview on 8-20-13 between 2:20 PM and 3:00 PM, Staff Member #L9 acknowledged the missing annual performance evaluations for Staff Member #L7 and indicated the hospital did not perform annual performance evaluations for contracted staff members.</p>						

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S000362	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(d)(6)(A)(B)(C)(D) (E)(F)</p> <p>(d) The governing board is responsible for assuring that quality patient care is provided. In accordance with hospital policy, the governing board shall do the following:</p> <p>6) Ensure that the hospital does the following:</p> <p>(A) Establish written protocols to identify potential organ and tissue donors. (B) Has written policies and procedures for the facilitation of organ and tissue donations, including procurement. (C) Inform families or authorized persons of potential organ and tissue donors of the option of donation on admission or at the time of death of a potential donor. (D) Use discretion and sensitivity in contacts with potential organ donor families. (E) Notify the appropriate procurement organization of potential organ donors. (F) Establish membership in the organ procurement and transplantation network if the hospital performs transplants.</p> <p>Based on document review and employee interview, the facility failed to notify the appropriate organ procurement organization, per contract, of all hospital deaths.</p>	S000362	All inpatient nursing staff was required to attend education session to review the Organ Procurement notification process. The education process was completed on August 23,		08/23/2013		

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S000560	<p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the contract between the hospital and the Gift of Hope, dated May 11, 2007 indicated the hospital shall provide "Timely Notification...of all individuals who have died or whose death is Imminent". 2. Review of Mortality Rates for Pinnacle Hospital, July 2011 through July 2013 indicated 19 deaths and failed to evidence all deaths were reported. 3. In interview with Employee #A1 on August 20, 2013 at 1:30 PM, it was verified that Employee #A1 was responsible for organ procurement information and had no documentation/reports indicating number of referrals. <p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(d)</p> <p>(d) A person qualified by training or experience shall be designated as responsible for the ongoing infection control activities and the development and implementation of policies governing control of infections and communicable diseases.</p>			<p>2013. In addition, this information was presented at inpatient staff meeting on September 11, 2013. Confirmation that the notification process has occurred will be the responsibility of staff nurse on case. Quality Assurance will review all charts and report completion of notification to Quality Council Committee meetings quarterly. In addition, Quality will review the report generated from the Gift of Hope to ascertain all deaths have been appropriately reported. Quality will audit every chart to assure that this notification has been met. If non-compliance patterns or trends are identified, appropriate plan of action will be initiated. During orientation of new nursing staff, Quality will education new staff in the compliance of this issue. The Gift of Hope has signed an organ and tissue procurement agreement between Gift of Hope Organ and Tissue Donor Network and Pinnacle Hospital. attachment : Gift of Hope Education</p>			

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	<p>Based on review of policies and procedures, employee records, and staff interview, the infection officer failed to</p> <p>1) have policies and procedures to address the immune status of contracted staff and 2) have documentation of the immune status of 1 of 2 contracted registered dieticians reviewed.</p> <p>Findings include:</p> <p>1. On 8-20-13 between 2:30 PM and 3:00 PM, review of policies and procedures revealed a policy / procedure titled: "Health Requirements for New Employees, " policy number "EH-02," last revised on "December 2012," did not address contacted personnel. No other policy / procedure was provided that addressed the immune status of contracted staff.</p> <p>2. On 8-20-13 between 12:45 PM and 1:30 PM, review of employee records indicated Staff Member #L8, hire date 7-7-10, did not have evidence of immune status or titers for Rubeola, Rubella, Mumps, or Varicella.</p> <p>3. In interview on 8-20-13 between 2:20 PM and 3:00 PM, Staff Member #L9 acknowledged the missing communicable disease history documentation for Staff Member #L8 and indicated the staff member had direct contact with patients in the</p>			S000560	<p>Pinnacle Hospital has developed a policy on for addressing the immune status of the contracted staff. Human Resources has to approve all credentials, verify license and obtain immune status prior to any contracted staff working. It is the responsibility of the contracted agency to supply the Human Resource department with current updated information on all contracted staffing working at Pinnacle Hospital.</p> <p>attachment : immune status dietician</p>		09/20/2013

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S000744	<p>hospital</p> <p>4. On 8-20-13 between 2:20 PM and 3:00 PM, Staff Member #L9 phoned the contracted company that supplied registered dieticians to the hospital. Staff Member #L9 indicated on the same date, between 2:20 PM and 3:00 PM, that the contracted company did not screen for the above mentioned communicable diseases.</p> <p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (e)(1)</p> <p>(e) All entries in the medical record shall be:</p> <p>(1) legible and complete; Based on policy and procedure review, medical record review, and personnel interview, the facility failed to implement its policy and procedure related to completion of transfer forms for 1 of 2 (N9) closed patient medical records reviewed of patients who were transferred to other acute care facilities.</p> <p>Findings: 1. Policy No. PCS-160, titled "Transfer</p>			S000744	<p>Pinnacle Hospital has initiated a tracking program to track Transfer of Patients with Emergency Medical conditions. The Chief Nursing Officer will review all emergency transfers of patients to ensure that practitioner has indicated the risks and benefits of the transfer as a part of a dictated transfer progress note and transfer progress form. All transfer of patients with emergency medical conditions will be reported to</p>		09/20/2013

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	<p>of Patients with Emergency Medical Condition" revised/reapproved 2/13, reviewed on 8/20/13 at 2:08 PM, indicated on pg. 2, under Procedure section, point 1., "The practitioner will indicate risks and benefits of the transfer as part of a dictated transfer progress note and on the transfer progress form."</p> <p>2. Review of closed patient medical records on 8/20/13 at 9:20 AM, indicated patient N9 was transferred to another acute care facility on 11/3/12 and was lacking documentation of section F., "Provider Certification" indicating risks and benefits of the transfer, on the Acute Care Transfer Form.</p> <p>3. Personnel P14 was interviewed on 8/20/13 at 2:30 PM and indicated the above mentioned patient medical record was not complete because it was lacking documentation of risks and benefits of the transfer on the Acute Care Transfer Form as required per facility policy and procedure.</p>				<p>Quality Council Committee on a quarterly basis. Quality will include process in orientation of all new hospital staff nurses. Current staff members attended a education in service on August 19, 2013</p>		